

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Americans for Gabriel Rothblatt

ADDRESS (number and street)

PO Box 510136

Check if different
than previously
reported. (ACC)

Melbourne Beach

FL

32951

2. FEC IDENTIFICATION NUMBER ▼

C

C00543439

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

FL

08

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mrs. Taj Alice Jones Rothblatt

Signature of Treasurer

Mrs. Taj Alice Jones Rothblatt

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 25

Write or Type Committee Name

Americans for Gabriel Rothblatt

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	9415.04	57872.04
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	9415.04	57872.04
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	13130.55	48849.16
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	13130.55	48849.16
8. Cash on Hand at Close of Reporting Period (from Line 27)	4384.46	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 25

Write or Type Committee Name

Americans for Gabriel Rothblatt

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:**(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

6445.00

46403.00

(ii) Unitemized.....

1970.04

7369.04

(iii) TOTAL of contributions from individuals

8415.04

53772.04

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs)

1000.00

1500.00

(d) The Candidate

0.00

2600.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

9415.04

57872.04

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

79.16

79.70

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....

9494.20

57951.74

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 25

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	13130.55	48849.16
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	80.89	4729.47
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	13211.44	53578.63

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	8101.70
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	9494.20
25. SUBTOTAL (add Line 23 and Line 24).....	17595.90
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	13211.44
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	4384.46

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 5 OF 25

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Americans for Gabriel Rothblatt

Full Name (Last, First, Middle Initial)

Ray Bellamy

Mailing Address 509 Vinnedge Ride

City

Tallahassee

State

FL

Zip Code

32303-5141

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tallahassee Orthopedic Clinic

Occupation

Physician

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		24		2014

Transaction ID : VN8KQCVKS29

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Mark Bryan

Mailing Address 11418 Millpond Greens Dr

City

Boynton Beach

State

FL

Zip Code

33473-7802

FEC ID number of contributing
federal political committee.

C

Name of Employer

Delray Medical Center

Occupation

CEO

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		15		2014

Transaction ID : VN8KQCTG493

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Lincoln Cannon

Mailing Address 1687 N 950 W

City

Orem

State

UT

Zip Code

84057-2978

FEC ID number of contributing
federal political committee.

C

Name of Employer

Merit Medical

Occupation

Marketing Technology

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		04		2014

Transaction ID : VN8KQCPJCX6

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional).....

1100.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 25

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Americans for Gabriel Rothblatt

Full Name (Last, First, Middle Initial)

A. Bill Herrera

Mailing Address 1100 Damsel Ginger Ln

City

Lewisville

State

TX

Zip Code

75056-5802

FEC ID number of contributing federal political committee.

C

Name of Employer

United Therapeutics Inc

Occupation

Regional Director

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2014

Transaction ID : VN8KQCPJCS4

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Donnell L Hurley

Mailing Address 1175 Highway A1A
Apt 209

City

Satellite Beach

State

FL

Zip Code

32937-2449

FEC ID number of contributing federal political committee.

C

Name of Employer

none

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		18		2014

Transaction ID : VN8KQCV0YC9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Jihae Kim

Mailing Address PO Box 1432

City

New York

State

NY

Zip Code

10113-1432

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Musician

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		03		2014

Transaction ID : VN8KQCPJED3

Amount of Each Receipt this Period

270.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1020.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 25

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Americans for Gabriel Rothblatt

Full Name (Last, First, Middle Initial)

A. Rajan Mehta

Mailing Address 325 W 22nd St

City

New York

State

NY

Zip Code

10011-2668

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Artist

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

575.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		03		2014

Transaction ID : VN8KQCPJE93

Amount of Each Receipt this Period

575.00

Full Name (Last, First, Middle Initial)

B. Bertha Miles

Mailing Address 10706 Camino Real

City

Fountain Valley

State

CA

Zip Code

92708-3836

FEC ID number of contributing
federal political committee.

C

Name of Employer
noneOccupation
retired

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : VN8KQCW7448

Amount of Each Receipt this Period

1150.00

Full Name (Last, First, Middle Initial)

C. Richard N Pierson III

Mailing Address 1402 Locust Ave

City

Ruxton

State

MD

Zip Code

21204-6521

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of MarylandOccupation
Physician Scientist

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		16		2014

Transaction ID : VN8KQCPJDV3

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

2225.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 25

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

Americans for Gabriel Rothblatt

Full Name (Last, First, Middle Initial)

Martine Rothblatt

Mailing Address 82 Lanternback Island Dr

City

Satellite Beach

State

FL

Zip Code

32937-4701

FEC ID number of contributing
federal political committee.

C

Name of Employer
united therapeutics

Occupation
biotechnologist

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

3800.00

Date of Receipt

M M / D D / Y Y Y Y
04 11 2014

Transaction ID : VN8KQCPJDN5

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Rosa Lee Rothblatt

Mailing Address 10706 Camino Real

City

Fountain Valley

State

CA

Zip Code

92708-3836

FEC ID number of contributing
federal political committee.

C

Name of Employer
none

Occupation
retired

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

3300.00

Date of Receipt

M M / D D / Y Y Y Y
06 13 2014

Transaction ID : VN8KQCVKR60

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Rosa Lee Rothblatt

Mailing Address 10706 Camino Real

City

Fountain Valley

State

CA

Zip Code

92708-3836

FEC ID number of contributing
federal political committee.

C

Name of Employer
none

Occupation
retired

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

3300.00

Date of Receipt

M M / D D / Y Y Y Y
06 13 2014

Transaction ID : VN8KQCVKSY1

Amount of Each Receipt this Period

800.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1100.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 9 OF 25

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Americans for Gabriel Rothblatt

Full Name (Last, First, Middle Initial)

A. Andrew Tobias

Mailing Address 146 Central Park W

City

New York

State

NY

Zip Code

10023-6297

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfOccupation
writer

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		11		2014

Transaction ID : VN8KQCXYDS6

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1000.00

6445.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 25

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	-------------------------------------	--	------------------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Americans for Gabriel Rothblatt

Full Name (Last, First, Middle Initial)

Free Thought Equality Fund PAC

Mailing Address 1777 T St NW

City

Washington

State

DC

Zip Code

20009-7102

FEC ID number of contributing
federal political committee.

C C00545202

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

06 / **02** / **2014**

Transaction ID : VN8KQCXWGN6

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

1000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 25

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Americans for Gabriel Rothblatt

Full Name (Last, First, Middle Initial)

A. actblue technical services

Mailing Address 366 Summer St

City	State	Zip Code
Somerville	MA	02144-3132

Purpose of Disbursement
Electronic Processing Fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2014

Amount of Each Disbursement this Period

36.36

Transaction ID : VN7MF9S8W80

B. actblue technical services

Mailing Address 366 Summer St

City	State	Zip Code
Somerville	MA	02144-3132

Purpose of Disbursement
Electronic Processing Fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		11		2014

Amount of Each Disbursement this Period

3.95

Transaction ID : VN7MF9S8W64

C. actblue technical services

Mailing Address 366 Summer St

City	State	Zip Code
Somerville	MA	02144-3132

Purpose of Disbursement
Electronic Processing Fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		16		2014

Amount of Each Disbursement this Period

19.75

Transaction ID : VN7MF9S8W72

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

60.06

--

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 25

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Americans for Gabriel Rothblatt

Full Name (Last, First, Middle Initial)

A. actblue technical services

Mailing Address 366 Summer St

City Somerville State MA Zip Code 02144-3132

Purpose of Disbursement
Electronic Service Fees

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 04 / 2014

Amount of Each Disbursement this Period

18.19

Transaction ID : VN7MF9T8908

Category/
Type

B. actblue technical services

Mailing Address 366 Summer St

City Somerville State MA Zip Code 02144-3132

Purpose of Disbursement
Electronic Processing Fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 05 / 2014

Amount of Each Disbursement this Period

20.17

Transaction ID : VN7MF9S8W56

Category/
Type

C. actblue technical services

Mailing Address 366 Summer St

City Somerville State MA Zip Code 02144-3132

Purpose of Disbursement
Electronic Service Fees

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 11 / 2014

Amount of Each Disbursement this Period

47.41

Transaction ID : VN7MF9T88Z0

Category/
Type

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

85.77

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 OF 25

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Americans for Gabriel Rothblatt

Full Name (Last, First, Middle Initial)

A. actblue technical services

Mailing Address 366 Summer St

City Somerville State MA Zip Code 02144-3132

Purpose of Disbursement
Electronic Service Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 18 / 2014

Amount of Each Disbursement this Period

4.35

Transaction ID : VN7MF9T88Y2

Category/
Type

B. actblue technical services

Mailing Address 366 Summer St

City Somerville State MA Zip Code 02144-3132

Purpose of Disbursement
Electronic Service Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 01 / 2014

Amount of Each Disbursement this Period

2.38

Transaction ID : VN7MF9T88V8

Category/
Type

C. actblue technical services

Mailing Address 366 Summer St

City Somerville State MA Zip Code 02144-3132

Purpose of Disbursement
Service Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 13 / 2014

Amount of Each Disbursement this Period

3.96

Transaction ID : VN7MF9SRFP8

Category/
Type

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

10.69

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 25

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Americans for Gabriel Rothblatt

Full Name (Last, First, Middle Initial)

A. actblue technical services

Mailing Address 366 Summer St

City	State	Zip Code
Somerville	MA	02144-3132

Purpose of Disbursement
Service Fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		15		2014

Amount of Each Disbursement this Period

2.97

Transaction ID : VN7MF9STXR9

B. actblue technical services

Mailing Address 366 Summer St

City	State	Zip Code
Somerville	MA	02144-3132

Purpose of Disbursement
Service Fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		15		2014

Amount of Each Disbursement this Period

19.75

Transaction ID : VN7MF9STXS7

C. actblue technical services

Mailing Address 366 Summer St

City	State	Zip Code
Somerville	MA	02144-3132

Purpose of Disbursement
Service Fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

Amount of Each Disbursement this Period

3.37

Transaction ID : VN7MF9SXS48

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

26.09

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 25

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Americans for Gabriel Rothblatt

Full Name (Last, First, Middle Initial)

A. Deuel C Allen

Mailing Address 2024 Thistle Dr

City	State	Zip Code
Melbourne	FL	32935-4784

Purpose of Disbursement
Payroll

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		10		2014

Amount of Each Disbursement this Period

200.00

Transaction ID : VN7MF9STX83

B. Deuel C Allen

Mailing Address 2024 Thistle Dr

City	State	Zip Code
Melbourne	FL	32935-4784

Purpose of Disbursement
Payroll

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2014

Amount of Each Disbursement this Period

200.00

Transaction ID : VN7MF9SRQ01

c. Deuel C Allen

Mailing Address 2024 Thistle Dr

City	State	Zip Code
Melbourne	FL	32935-4784

Purpose of Disbursement
Payroll

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		24		2014

Amount of Each Disbursement this Period

200.00

Transaction ID : VN7MF9SXQW2

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

600.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 25

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Americans for Gabriel Rothblatt

Full Name (Last, First, Middle Initial)

A. Bright House Networks

Mailing Address PO Box 31173

City	State	Zip Code
Tampa	FL	33631-3173

Purpose of Disbursement
Internet for the Campaign office April 2014

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		25		2014

Amount of Each Disbursement this Period

79.19

Transaction ID : VN7MF9S9003

B. Bright House Networks

Mailing Address PO Box 31173

City	State	Zip Code
Tampa	FL	33631-3173

Purpose of Disbursement
Campaign Office Internet for May 2014

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		27		2014

Amount of Each Disbursement this Period

79.19

Transaction ID : VN7MF9T8762

c. Bright House Networks

Mailing Address PO Box 31173

City	State	Zip Code
Tampa	FL	33631-3173

Purpose of Disbursement
Internet, equipment, service fee for June 2014

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		13		2014

Amount of Each Disbursement this Period

151.25

Transaction ID : VN7MF9SRFM2

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

309.63

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 25

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Americans for Gabriel Rothblatt

Full Name (Last, First, Middle Initial)

A. Campaign Fiance Group Inc

Mailing Address 33 R St NW

City
WashingtonState
DCZip Code
20001-1119Purpose of Disbursement
Consulting Retainer

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2014

Amount of Each Disbursement this Period

4500.00

Transaction ID : VN7MF9T8KY7

B. Ciara M Conol

Mailing Address 2024 Thistle Dr

City

Melbourne

State
FLZip Code
32935-4784Purpose of Disbursement
Payroll

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		10		2014

Amount of Each Disbursement this Period

200.00

Transaction ID : VN7MF9SRPZ3

c. Ciara M Conol

Mailing Address 2024 Thistle Dr

City

Melbourne

State
FLZip Code
32935-4784Purpose of Disbursement
payroll

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		18		2014

Amount of Each Disbursement this Period

200.00

Transaction ID : VN7MF9SSNC9

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4900.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 25

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Americans for Gabriel Rothblatt

Full Name (Last, First, Middle Initial)

A. Ciara M Conol

Mailing Address 2024 Thistle Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		24		2014

City	State	Zip Code
Melbourne	FL	32935-4784

Amount of Each Disbursement this Period

200.00

Purpose of Disbursement
PayrollCategory/
Type

Transaction ID : VN7MF9SXQT6

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. Extremedia Group, Inc.

Mailing Address 220 Avenida De Paz

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		22		2014

City	State	Zip Code
Indialantic	FL	32903-2806

Amount of Each Disbursement this Period

134.00

Purpose of Disbursement
logo workCategory/
Type

Transaction ID : VN7MF9T88B2

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. First Data Commercial ServicesMailing Address 5565 Glenridge Connector NE
Ste 2000

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		03		2014

City	State	Zip Code
Atlanta	GA	30342-1651

Amount of Each Disbursement this Period

19.95

Purpose of Disbursement
Electronic Processing FeeCategory/
Type

Transaction ID : VN7MF9S90N9

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

353.95

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 20 OF 25

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Americans for Gabriel Rothblatt

Full Name (Last, First, Middle Initial)

A. Florida Power & Light

Mailing Address 9001 Ellis Rd

City State Zip Code
 Melbourne FL 32904-1017

Purpose of Disbursement
 Campaign Office Electricity for May 2014

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
 05 05 2014

Amount of Each Disbursement this Period

131.81

Transaction ID : VN7MF9T8839

B. Florida Power & Light

Mailing Address 9001 Ellis Rd

City State Zip Code
 Melbourne FL 32904-1017

Purpose of Disbursement
 Campaign Office Electricity for June 2014

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
 06 05 2014

Amount of Each Disbursement this Period

131.66

Transaction ID : VN7MF9T8821

c. Group Moreland LLC

Mailing Address 2300 NW Corporate Blvd
 Ste 141

City State Zip Code
 Boca Raton FL 33431-7359

Purpose of Disbursement
 April 2014 rent for Campaign office

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
 04 07 2014

Amount of Each Disbursement this Period

821.50

Transaction ID : VN7MF9S90E4

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

1084.97

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 25

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Americans for Gabriel Rothblatt

Full Name (Last, First, Middle Initial)

A. Group Moreland LLCMailing Address 2300 NW Corporate Blvd
Ste 141City State Zip Code
Boca Raton FL 33431-7359Purpose of Disbursement
Rent for Campaign Office for April 2014

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 05 / 2014

Amount of Each Disbursement this Period

821.50

Transaction ID : VN7MF9T8Z39

B. Group Moreland LLCMailing Address 2300 NW Corporate Blvd
Ste 141City State Zip Code
Boca Raton FL 33431-7359Purpose of Disbursement
Campaign Office rent for April 2014

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 05 / 2014

Amount of Each Disbursement this Period

821.50

Transaction ID : VN7MF9T8805

C. Joshua E Humphries

Mailing Address 2655 Sadler Ln

City State Zip Code
Melbourne FL 32935-2850Purpose of Disbursement
payroll

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 10 / 2014

Amount of Each Disbursement this Period

100.00

Transaction ID : VN7MF9SSNG1

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1743.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 25

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Americans for Gabriel Rothblatt

Full Name (Last, First, Middle Initial)

A. Joshua E Humphries

Mailing Address 2655 Sadler Ln

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		18		2014

City	State	Zip Code
Melbourne	FL	32935-2850

Purpose of Disbursement
payroll

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Amount of Each Disbursement this Period

200.00

Transaction ID : VN7MF9SSNF3

B. Joshua E Humphries

Mailing Address 2655 Sadler Ln

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		24		2014

City	State	Zip Code
Melbourne	FL	32935-2850

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Amount of Each Disbursement this Period

200.00

Transaction ID : VN7MF9SXQZ5

c. Sarah IssersohnMailing Address 150 Sharene Ln
Apt 310

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		28		2014

City	State	Zip Code
Walnut Creek	CA	94596-4781

Purpose of Disbursement
Finance Internship

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Amount of Each Disbursement this Period

500.00

Transaction ID : VN7MF9T8KP4

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

900.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 25

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Americans for Gabriel Rothblatt

Full Name (Last, First, Middle Initial)

A. NGP VANMailing Address 1101 15th St NW
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement
Compliance software for April 2014

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2014

Amount of Each Disbursement this Period

550.00

Transaction ID : VN7MF9S8ZP6

B. NGP VANMailing Address 1101 15th St NW
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement
Compliance software for May 2014

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		02		2014

Amount of Each Disbursement this Period

550.00

Transaction ID : VN7MF9S8ZQ4

C. NGP VANMailing Address 1101 15th St NW
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement
Compliance Software

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2014

Amount of Each Disbursement this Period

550.00

Transaction ID : VN7MF9T8870

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1650.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 OF 25

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Americans for Gabriel Rothblatt

Full Name (Last, First, Middle Initial)

A. Office Depot

Mailing Address 243 E Eau Gallie Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		28		2014

City	State	Zip Code
Indian Harbour Beach	FL	32937-4873

Purpose of Disbursement
printer cartridges

Amount of Each Disbursement this Period

38.88

Transaction ID : VN7MF9S8ZZ7

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. Office Depot

Mailing Address 243 E Eau Gallie Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		10		2014

City	State	Zip Code
Indian Harbour Beach	FL	32937-4873

Purpose of Disbursement
Office Supplies

Amount of Each Disbursement this Period

194.55

Transaction ID : VN7MF9SRG15

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

--

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

233.43

12322.44

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SB17

Transaction ID : VN7MF9SRG15

sentrysafe com, cbl, ethrnt, AAbattery (2), 13 Gallon trash bags, wifi router, 2nonptrepl4, sales tax

Form/Schedule:

Transaction ID: